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PTO/SB/05 (01-04)

Approved for use through 07/31/2006, OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Title

First Inventor

Attorney Docket No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Lab

See MPEP o	APPLICATION ELEMENT thapter 600 concerning utility petent app	-	ADDRE	SS TO: Commissi	ioner for Patents 1450 a VA 22313-1450	, 				
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description				7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS						
- Claim - Abstra 4. Drawir 5. Oath or Dec a. New b. Cop (for i	(s) act of the Disclosure ag(s) (35 U.S.C. 113) [Total Sheet In the Interpretation [Total Sheet In the Interpretation Interpretation (37 CFR continuation/divisional with Box 18 Interpretation Interpre	ets] 1.63(d)) 8 completed) entor(s) =R	9.	Assignment Papers (cor 37 CFR 3.73(b) Stateme (when there is an assign English Translation Doc Information Disclosure Statement (IDS)/PTO-1- Preliminary Amendment Return Receipt Postcard (Should be specifically in Certified Copy of Priorit (if foreign priority is clair Nonpublication Request (b)(2)(B)(i). Applicant mor its equivalent.	ver sheet & doce ent P. A: cument (if applic. 449 C t d (MPEP 503) temized) y Document(s) med) t under 35 U.S.C	ument(s)) ower of ttorney able) opies of IDS itations				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:										
Continuation Divisional Continuation-in-part (CIP) of prior application No.:										
19. CORRESPONDENCE ADDRESS										
Custom	ner Number:			OR Corre	spondence add	ress below				
Name	Robert Van	Burdine								
Address 600 Rolin Hollow Rd										
City	Aldmore		State	ТИ	Zip Code	38449				
Country	USA	170	elephone	9314277206	Fax	9314277801				
Name (Print/Ty	pe) Kobert 1/13	erdine	Registrat	ion No. (Attorney/Agent)		1				
Signature	100000000000000000000000000000000000000	A las	1	,,,	Date T	2 20 2154				

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective 10/01/2003. Patent fees are sub	bject to annual revision.			iner Na			001	<u> </u>	
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2. EXTRA CLAIM FEES FOR UTILIT	Y AND REISSUE		1,330	2453		Petition to revi		onal	
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**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)									
SUBMITTED BY (Complete (if applicable))									
Name (PrintType) Robert Van Burding				ation No (Agent)			Telephone	931427	1206
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